

TARGETING CANCER IN BLACKS

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Glossary

ACS – American Cancer Society

CPAP – Cancer Prevention Awareness Project

HBCU – Historically Black Colleges and Universities

TCiB – Targeting Cancer in Blacks

TRRS – Training Resource Referral Site

PD = Program Director

Cancer Prevention Awareness: Targeting Cancer in Blacks (TCiB) Intervention Program Manual Guidelines

OVERVIEW

The purpose of this manual is to guide you through the step-by-step process of implementing a Cancer Prevention Awareness Project (CPAP) in your community. It contains various materials which you may need and/or sources from which they may be ordered. Included are tips and hints for a successful program that are based on over three years' experience in carrying out the Targeting Cancer in Blacks (TCiB) intervention in low-income and disparate Black Communities in the Southern United States.

The **Targeting Cancer in Blacks (TCiB) Program** will require management by health educators, community representatives and other academic institutional staff. Key to this project will be the utilization of 'co-change agents' who will serve as key outreach workers. Following its initial implementation, you will find that project start-up in subsequent years is eased due to the familiarity with the project by all personnel involved. Best of all, personnel trained for the project can remain in the community as providers because they are recruited from and are part of the communities targeted. Business owners, healthcare providers, faith-based leaders and parishioners, are able to have additional prevention services available in the community as a result of the training received as co-change agent outreach workers. You and the outreach workers are offering a valuable, life-saving service. Through this project you will be able to have a positive impact on the lives of many individuals and their families by providing them with the opportunity for preventive cancer education and treatment.

Materials and procedures brought into the community run the risk of being inappropriate for use and of failing to serve the intended purpose. While printed materials can be useful sources of information for black Americans they must be made relevant, attractive, clear and direct.

The goals of the TCiB Program were to:

1. Improve public knowledge and attitudes related to cancer and its prevention
2. To encourage individuals to adopt healthful behaviors that may reduce their risks of developing cancer
3. Improve public attitudes regarding cancer prevention, incidence, and treatment
4. Increase public awareness and knowledge that some risks for cancer can be modified

5. Increase public awareness and knowledge of healthful behaviors that afford a measure of personal control over cancer risk
6. Promote changes in behaviors and practices that will help individuals to reduce their cancer risks.

The following guidelines are presented to assist staff seeking to implement community-based Cancer Prevention Intervention and Research program activities among Black and disparate urban population groups.

I. Program Administration (Type of Staffing and Functions Needed)

The role and function of staff and administrators were determined by the nature and scope of the project design, which focused on implementation and evaluation of diffusion intervention strategies. In addition, project staff conducted practical and effective community-based intervention programs to improve cancer **knowledge, attitudes and practices** in selected black communities, and settings, of two urban cities

Key Institutional and Administrative Project Staff

Program Director: The Program Director (PD) would govern all activities of the project, and would be responsible for the overall progress of the project including; staffing, program evaluation and funding activities of the entire program. This person would be accountable to and report to the programs Board of Directors and other Cancer Prevention Awareness Program (CPAP) Advisory Committees. **(Personnel needed: 1 Full Time Masters Level or Equivalent of Minimum 5 Years' Experience. 1 Full time Support Staff Person)**

Project Coordinator: Project Coordinator would be responsible for day to day organization, implementation and evaluation of all intervention activities and also the recruitment and supervision of all staff, co-change agents, volunteers, consultants and training activities of the project. The Project Coordinator would be accountable to the PD, Board of Directors and Advisory Committees of the (CPAP). **(Personnel needed: 1 Full Time Masters Level or 1-3 Years' Experience. 1 Part- time Support Staff Person)**

Health Educator: The Health Educator would be responsible for the organization, implementation and evaluation of all education and training programs conducted by (CPAP) including; community education programs, training programs conducted at the Training Resource Referral Site (TRRS) and other program related activities. In addition the Health Educator would assist the Project Coordinator in the recruitment and supervision of all staff, co-change agents, volunteers and consultants. The Health Educator would be directly accountable to the Project Coordinator. **(Personnel needed: 1 Masters Level)**

Historical Black Colleges and University (HBCU) Students: HBCU Students would assist the Health Educator and Project Coordinator in implementation of education and training as well as community education programs, training programs conducted at the Training Resource Referral Site (TRRS) and other program related activities. The HBCU students are directly responsible to the Health Educator and Project Coordinator. **(Personnel Needed: Team of 5 -7 Students, part-time)**

Professional Consultants Panels: The Professional Consultants Panel will work directly with the Project Director and Cancer Prevention Awareness Program (CPAP) Board of Directors, and would serve as the primary Technical Advisory Committee to the program. **(Personnel Needed: Panel of 3- 5 Members, Minimum)**

Training Resource Referral Site Staff (TRRS): The Training Resource Referral Site Staff (TRRS) would be responsible for setting up, organizing and implementing all scheduled training sessions conducted at the TRRS. In addition, they would be primarily responsible for gathering and maintaining an inventory of materials used for educational and training purposes. TRRS would be accountable to the Project Coordinator and would work in partnership with the Project Coordinator and Health Educator in the implementation of all training activities. **(Personnel needed: 1 Full Time and one Part-time Staff)**

Co-Change Agents: Co-Change Agents work alongside the HBCU students, Project Coordinator, and Health Educator to implement education programs, distribute educational materials and make community referrals. "**Co-Change agents,**" a term used in the TCiB project to refer to health care professionals and community individuals who can transmit cancer prevention information to target groups or can facilitate the project intervention. These co-change agents were composed a variety of individuals such as; church members, health professionals, organization leaders, and business owners. Because of their unique position within the community, these co-change agents are key in the following activities:

1. The delivery of information about cancer prevention, this activity is accomplished through community education programs and through the distribution of education materials.
2. The identification of intervention and educational distribution sites throughout the community .This activity is accomplished through ongoing communication between the Project Coordinator, Health Educator and Co-Change Agents to identify sites where materials can be distributed and programs can be conducted on an ongoing base.
3. The recruitment of community participants for intervention programs.

Co-Change agents for the TCiB project were recruited by the efforts of the Project Coordinator, Health Educator, and HBCU Students and eventually, other Co-Change Agents on an ongoing basis. The Co-Change Agents are directly responsible to the Health Educator and Project Coordinator. **(Personnel needed: Team of at least 1-2 Part-time Co-Change Agents per Community targeted)**

II. Program Design

Recruitment Strategies for TCiB

A. Churches

Churches can be the primary settings used by the project for recruitment. Organize a kick-off luncheon combined with recruitment and training presentation. Church Pastors participate at each of these sessions and sign a simple form indicating support for the project and commitment to endorse it by encouraging community members to attend training.

Project Coordinator and Health Educator explain the purpose of the TCiB effort and request the pastor's support in three primary ways:

1. Hosting TCiB training sessions
2. Disseminating the TCiB messages and/or one-liners (see below) through publishing them in any succinct publication such as the church newsletter or worship bulletin and/or displaying the TCiB one-liners on bulletin boards or other areas with heavy traffic flow
3. Endorsing the TCiB effort by signing the Co-change Referral Agent Agreement

TCiB One-Liners

- Get a Pap smear, once a year.
- Get a checkup, don't check out.
- Have no regrets, give up cigarettes.
- Don't wait until too late, check your prostate.
- Eat to beat cancer: More fiber, less fat.
- Change your lifestyle, walk a mile.
- Exercise for the prize of good health.
- Keep a breast, get the test.

B. Health Centers

Local community health centers are also successfully used as venues for the recruitment of health care providers as *co-change agents*. Project staff should gain program buy-in from the Executive Director of a health center to help support TCiB project efforts. The health center executive director sends a letter to all providers requesting that providers display the TCiB messages and familiarize themselves with the TCiB effort. Each provider receives a hand-delivered public participant TCiB Packet including the following information:

- A. Health Education materials – either publicly available materials such as brochures from the National Cancer Institute and the American Cancer Society, or more locally relevant materials prepared by the health center
- B. Screening schedules (breast, cervical, colorectal)
- C. Referral sources – where patients can be referred for colonoscopies, mammographies, and other relevant services
- D. Pointers on providing cancer prevention information to an audience at a community meeting
- E. TCiB “one liners”

C. Community Residents and Businesses

Community businesses should be identified and an inventory made of all businesses serving the communities targeted. For example, hair care business establishments were one of those most widely and effectively utilized in the TCiB program.

Approaching an organization representing many businesses is a good strategy for recruiting businesses. Most large cities, for instance, have an African-American Chamber of Commerce. Businesses with multiple outlets in black neighborhoods – such as fast food restaurants – represent another opportunity to recruit many business sites simultaneously. Local cosmetology associations may provide an inroad to hair care businesses. Alternatively – especially if the project is limited to one or a few neighborhoods – businesses can be approached one at a time.

Training Resource Referral Site (TRRS)

TRRS was the communications center and locus of the behavior modification element for the project. From here, referral lists of agents, organizations, and institutions were maintained, and contacts referred appropriately. Effective training of community volunteers and providers as co-change agents is key to the success of this program.

This section will assist you with preparing for and conducting a training session for community volunteers, business people, ministers, and others who will become co-change agents.

Training Session: Approximately 1- 1 1/2 hours in length (may vary depending upon the number of people to be trained.)

Training Staff: Project Coordinator, Health Educator

Suggested training topics include:

1. Cancer Statistics, both general and those relevant to black Americans, specifically those in targeted communities.
2. Interaction Skills related to health education efforts involving limited counseling and networking as well as information transfer.
3. Administrative Research skills in scheduling education sessions, activities, recordkeeping, and organizing/displaying/distributing materials.

III. Program Implementation

Description of TCiB Intervention Delivery

Sites should hold a kick-off event to call attention to the Cancer Prevention Awareness initiative and to energize participants. In order to increase awareness and promote a change in attitude, educational sessions such as workshops, lectures, and presentations on cancer prevention should be arranged at public health settings, churches, businesses, etc. Collaborate with clinicians to disseminate information and encourage cancer prevention behavior and follow-up on referrals.

Steering committee members deliver cancer prevention messages in their usual capacities; during a sermon by a pastor or in everyday interactions with consumers in their place of business. Churches and other organizations include one-liners in their bulletins and newsletters to increase self-efficacy. Other creative efforts include; dissemination of messages through the use of a “media bus.” The TCiB project painted a city bus with TCiB messages, and in some sites achieved broad dissemination of messages through newspaper ads, radio, television programs, and public service announcements. Community partnerships with organizations, businesses, agencies and churches will aid in the development and dissemination of messages.

Project staff participates in health fairs, festivals, and other community events in order to distribute literature, offer workshops, and make referrals.

Description of TCiB Materials

Educational materials and procedures developed by the NCI were utilized to form the basis for the selection and development of new materials. Publications and Posters of the TCiB program one-liner messages should be placed in culturally succinct venues such as church newsletters, workshop bulletins, and newspapers that target African American readers.

Table 1. provides a listing of educational, print, and promotional materials used in the implementation of the TCiB program.

Table 1. TCiB Educational Materials and Publication Information

Posters	Pamphlets	Booklets	Promotional Materials
Celebrate a Healthy Lifestyle	<i>Eat more salads for better health</i> , NIH Pub No. 91-3250	<i>I MIND very much if you smoke</i> , NIH Pub No. 93-3544	TCiB flyer
Eat Food with Fiber at Every Meal	<i>Caring for your breasts</i> , Health Edco	<i>Get a New Attitude About Cancer</i> , NIH Pub No. 93-3412	Bookmark: Do the Right Thing...Get a Mammogram
Eat your good way to health	<i>The Pap test. It can save your life!</i> NIH Pub No. 94-3213	<i>The Pap test. It can save your life!</i> NIH Pub No. 91-3213	Pin: Do the Right Thing...Get a mammogram
Spread the word about mammography	<i>Having a Pelvic Exam and a Pap Test</i> , NIH Pub No. 95-3416	<i>Why do You Smoke?</i> NIH Pub No. 94-1822	Media Bus
Targeting Cancer in Blacks	<i>How to Check your Breasts for Cancer</i> , ACS		Compact Disk
Are you at Risk Machine	<i>Cancer Facts for Men</i> , ACS Rev. 10/94-No. 2008		
	<i>Cancer of the Colon and Rectum</i> , ACS		
	<i>Targeting Cancer in Blacks: What African Americans in Tennessee and Georgia need to Know Report</i> , TCiB, 1997		
	<i>Targeting Cancer in Blacks: What Every Black American Needs to know</i> , TCiB, 1994		

Listing of agencies where materials were gathered for the TCiB project and can be used as resources by your organization:

NCI Cancer Prevention Awareness Program

American Cancer Society (ACS) in their Socio Economically Disadvantaged Subcommittee

American Lung Association

The American Heart Association

Description of TCiB Intervention Strategies

1. Intervention Strategy: Media (Electronic and print media and placement' location resources: grocers, public services, and community agencies or organizations).

Personnel Required: *Project Director, Project Coordinator and Health Educator*

Steps in Intervention development:

1. Contact speaker's bureau participants (clinicians, students, staff, faculty and alumni, project principals and talk show interviewees) to attend media training seminars.
2. Spokespersons for the project (program staff or designees) receive special consultation on how to conduct interviews with the media.
3. Select project messages that are appropriate and emphasize a positive take charge cancer prevention attitude.
4. Messages on how the TCiB program can impact positively one's health status should be communicated regularly to media sources and target audiences. These messages will include recommendations.
5. Hold initial press conference, include HBCU representatives, politicians, influentials, local, state and national media representatives, and others vital to the success of the program.
6. Use audio/visual presentations from NCI on Cancer Prevention Awareness and the relationship between cancer and Black American lifestyles.
7. Develop press kits; compile and distribute in conjunction with institutional public relations department.
8. Send press releases regarding activities and document/evaluate participation in each.
9. Posters and printed materials to be posted in waiting areas, clinics, physician's offices, grocers, public service sites.
10. Pre and post-test interviews concerning the content and impact of the messages should be considered.

2. Intervention Strategy: Health Care Personnel (Physicians and other health care personnel employed in target area health care facilities).

Personnel Required: *Project Director, Project Coordinator, Health Educator*

Steps in Intervention development:

1. Contact Opinion Leaders from the Steering Committee and President's Cancer Advisory Council to request that the program be introduced into the structure of each facility/resource in appropriate ways, and that access to personnel be provided for the project.
2. Follow-up contacts of Opinion Leaders to explain the project, obtain indication of interest, and commitment to participate.
3. Conduct 'focus groups' comprised of project Steering Committee members

4. Conduct training at TRRS for Health Care Personnel concerning cancer incidence and prevalence in the black community.
5. Provide program information concerning the delivery of risk reduction information to patients and clients.
6. Pursue opportunities to discuss plans and identify schedule for delivery of education sessions.
7. Participate in Healthcare Facility Grand Rounds for interested providers of care to poor and underserved communities.
8. Have health care personnel facilitate inclusion, distribution and monitoring of risk reduction information and materials in ongoing program and activities of the faculty/clinic.

3. Intervention Strategy: Historical Black Colleges and Universities (HBCU)

Personnel Required: Project Coordinator, HBCU Steering Committee Representative(s), Health Educator and Co-change Agents (Faculty, Staff and Students)

Steps in Intervention development:

1. The HBCU representative on the Coalition/Steering Committee should contact the President of the HBCU in writing to obtain approval for the project.
2. Obtain departmental approval to permit participants selected as co-change agents to attend training workshops.
3. Legitimize the project by obtaining formal support of an Opinion Leader in or near the Presidents' office to assist with coordination.
4. Invite volunteers to a short, informal meeting detailing training required, programmatic goals and objectives, and incentives to be used.
5. Initiate training session at TRRS with co-change agents.
6. Provide co-change agents the materials and supplies for dissemination and record keeping.
7. Co-change agents distribute information, put up posters, flyers, and provide informational sessions to all persons in their work area.
8. Consider compensating co-change agents for their services at the end of each project assessment phase. During the TCiB project, co-change agents with the greatest consistency/longevity with the project received personalized plaques for commendable service.

4. Intervention Strategy: Community and Organizations (Black American Hairstylists and Barbers, Senior Citizen Housing,)

Personnel Required: Project Coordinator, Health Educator, Community and Student Co-change Agents

Steps in Intervention development:

1. Contact the Barbers' Association and Hairstylists' Associations Board Members for an initial meeting to explain the program and ask for their support
2. Follow-up this contact with a meeting with the Barbers and Hairstylists to introduce the project, obtain indication of interest and consent to participate.
3. Describe training procedure for Co-change agents and arrange a schedule of tentative times to convene the training module.
4. Develop a video training cassette to demonstrate ways to inform the clients about cancer prevention.
5. Develop a sample of materials that will be distributed and monitored during the implementation phase.
6. Provide personnel (students) to assist in the collection and distribution of materials and questionnaires.
7. Conduct training by the project's Health Educator and other staff members assigned to TRRS.
8. Provide training designed specifically for the hairstylist.
9. Facilitate interaction with the Presidents of the Tenants Associations and Housing Managers Unit Managers of the respective housing departments.
10. Work together with Housing Manager to identify 'opinion leaders' and invite them to become co-change agents by undergoing formal training at TRRS.
11. Train Co-change agents in basic information on the relationship of the risk factors to cancer. Announce the program and its objectives to housing residents.
12. Distribute "Certificates of Achievement" and other incentives to effective co-change agents.

5. Intervention Strategy: Churches

Personnel Required: Project Coordinator, Health Educator, Clergy Co-change Agents

Steps in Intervention development:

1. Request support from church leaders to establish the necessary structure for the program.
2. Analyze the dynamics of how the program will work make a broad plan.
3. Name the faculty/students field education participants (Opinion Leaders) who will participate in the program.
4. Incorporate cancer prevention information into communications with congregation and leadership
5. Facilitate inclusion, distribution and monitoring of risk reduction materials in ongoing activities.
6. Determine the specific education materials and strategies that will be appropriate for those churches.
7. Present cancer prevention information in oral and written communications with congregation.
8. Train faculty /students in program content, logistics and data collection.

9. Assist faculty and students to engage in networking with religious institutions to deliver cancer prevention and control messages
10. Encourage the planning of health awareness sermons, health fairs, health screenings, literature Distribution, low fat/high fiber meal education lectures, referral information at local churches.